

FEDERAL BUREAU OF INVESTIGATION **U.S. DEPARTMENT OF JUSTICE** **FEDERAL BUREAU OF INVESTIGATION** **U.S. DEPARTMENT OF JUSTICE**

FILED VS NOV 24 1959

59-039594

STATE FILE NUMBER

Registration District No. 120

Primary Registration District No.

Registrar's No. 105

RECEIVED

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Albany</u>		Length of stay in 1b <u>1 wk</u>		c. CITY OR TOWN <u>Martinsville, Mo.</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gentry County Memorial Hospital</u>				Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) <u>1 mile south of Martinsville</u>	
3. NAME OF DECEASED (Type or print) First <u>Hattie</u> Middle <u>Mae</u> Last <u>Baldwin</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>19</u> Year <u>1959</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐		8. DATE OF BIRTH <u>Nov. 30, 1873</u>		9. AGE (last birthday) <u>85</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Home</u>		11. BIRTHPLACE (City and state or country) <u>Harrison County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				13a. FATHER'S NAME <u>Ezra Baldwin</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Clark</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT <u>Marie Ross</u>				Address <u>RD 2 Bethany, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>hypostatic pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>also fracture lower 1/3 left femur</u> DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☒ Unknown			
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Albany, Gentry Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>Albany, Gentry Mo.</u>	
21. I attended the deceased from <u>1 1/2 years</u> to <u>11-19-57</u> and last saw her <u>him</u> alive on <u>11-19-59</u> Death occurred at <u>4 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <u>Frank H. Rose, M.D.</u>		22b. ADDRESS <u>Albany, Mo.</u>	
22c. DATE SIGNED <u>11-20-59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-21-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Kidwell Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Martinsville</u>		23e. STATE <u>Missouri</u>		24. FUNERAL DIRECTOR <u>W. F. Noble - Son</u>		25. DATE RECD. BY LOCAL REG. <u>11-20-1959</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>		(Licensed Embalmer's Statement on Reverse Side)					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W G Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.